

Nebraska Board of Nursing

ADVISORY OPINION

OPINION: Staffing Assignments

ADOPTED: 10/2017 **REVISED:** 9/2019

REAFFIRMED: 10/2020

This Nebraska Board of Nursing advisory opinion is issued in accordance with the Nebraska Nurse Practice Act, Neb. Rev. Stat. 38-2216 (2). As such, this advisory opinion is for informational purposes only and is non-binding. The advisory opinions define acts, which in the opinion of the board, are or are not permitted in the practice of nursing.

Safe-Practice: Nursing Roles and Assignments

Nursing practice affects patient outcomes. Licensed nurses are accountable for their judgments, decisions and actions. "Nurses accept or reject specific role demands and assignments based on their education, knowledge, competence and experience, as well as their assessment of the level of risk for patient safety" (American Nurses Association [ANA] Code of Ethics, 2015, Provision 4.3).

The Nebraska Board of Nursing regulates the practice of individual licensed nurses. While the Board has no jurisdiction over employer/employee issues such as assignments, staffing decisions and work hours, both individual nursing leaders and nurses in patient care roles may be subject to disciplinary recommendations by the Board when patients are placed at risk. It is essential that nursing leadership (supervisors, managers and administrators) and employers work together and communicate clearly with individual nurses to arrive at solutions that best meet patient care needs.

The Board offers the following guidance for decisions related to staffing and the acceptance of patient care roles and assignments:

Competency

Nurses are responsible for assessing their own competency (ANA Code of Ethics, 2015, Provision 4.1). Competency is an expected level of performance that integrates knowledge, skills, abilities, and judgment (ANA, 2014b). Nurses can be expected to advocate for patients and themselves by ensuring that their competencies match the patient's identified needs and

allow for the delivery of safe care. If the nurse is being required to accept a new role or perform a new task or procedure, it is incumbent upon the nurse to identify what education and training s/he requires to develop competency. This may also mean that a nurse negotiates a modified or shared assignment in an unfamiliar practice setting or with a patient population for which the nurse has little or no experience (ANA, 2009).

Nursing leadership and employers have a responsibility to provide an environment that is conducive to competent practice, including appropriate expectations for practice and assignment with orientation, cross-training and skill development; continuing education and competency verification; support for specialty certification; and policies that protect both the patient and nurse from inappropriate assignment or expectations for nursing responsibilities, procedures or tasks. The practice environment should also support open communication with nursing staff, allowing them without fear of reprisal to express concerns, or even refuse a role or assignment for which they do not possess the requisite skill (ANA, 2009).

Fatigue

Nurses at all levels of practice and leadership share responsibility for reducing risks from nurse fatigue in the workplace. Individual nurses are responsible for practicing healthy behaviors that reduce the risk for working while fatigued or sleepy, for arriving at work alert and well rested, and for promoting a safe commute to and from work. They are also responsible for taking meal and rest breaks, and for implementing fatigue countermeasures to maintain alertness during work shifts (ANA, 2014a).

Nurses have an ethical responsibility to carefully consider the need for adequate rest and sleep when deciding whether to offer or accept work assignments, including on-call, voluntary, or mandatory overtime (ANA, 2014a). Nurses are encouraged to advocate with nursing leadership and employers for staffing policies and strategies that mitigate the potential for negative outcomes associated with fatigue.

Fatigue can impair practice. Individual nurses are responsible for recognizing and disclosing impairment to leadership and employers. The Nebraska Board of Nursing offers a separate Advisory Opinion for the assessment of fitness to practice (2018).

Appropriate staffing

Appropriate staffing is a match of the combined expertise of all caregivers with the needs of the

recipient of nursing care services in the context of a particular practice setting (ANA, 2012).

Appropriate staffing is necessary to reach safe, quality outcomes. Staffing decisions are

dynamic, and necessarily rely on complex, multifaceted decision-making processes for a wide

range of staff and patient variables. Staffing models and policies, including level of care

requirements are at the discretion of the employer.

When making a decision to accept a role or assignment, ANA advises individual nurses to make

a critical assessment of the needs of patients and the resources available to meet those needs.

Nurses have an obligation to articulate their limitations (nd) and may find it necessary to contact

an immediate supervisor and request assistance in planning care based on the available resources

within the organization. Such assistance may include, but is not limited to:

1. Acquiring additional or a different mix of staff;

2. Making adjustments in scheduled staff work hours;

3. Requiring periodic assistance from a supervisor or another staff member for delivery of

specific client care activities;

4. Prioritizing client care activities that will be delivered during that shift, and/or,

5. Notifying appropriate health care providers and others regarding limitations in

providing optimal care during periods of inadequate staffing.

If the assignment is being made because of an immediate need or crisis, the decision to accept

the assignment may be based on that immediate need. However, if the staffing pattern is an

ongoing problem, the nurse has a professional obligation to advocate with nursing leaders and

employers for safe staffing strategies (ANA Code of Ethics, 2015. Provision 6.3).

References:

ANA. (2009). Patient safety: Rights of registered nurses when

- considering a patient assignment. Position Statement. Retrieved from https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/patient-safety-rights-of-registered-nurses-when-considering-a-patient-assignment/.
- ANA. (2012). *ANA's principles for nurse staffing*. (2nd ed.). Retrieved from https://www.nursingworld.org/globalassets/docs/ana/principles-of-nurse-staffing-2nd-edition.
- ANA. (2014a). Addressing nurse fatigue to promote safety and health: Joint responsibility of registered nurses and employers to reduce risks. Position Statement. Retrieved from https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/addressing-nurse-fatigue-to-promote-safety-and-health/.
- ANA. (2014b). *Professional role competence*. Position Statement. Retrieved from https://www.nursingworld.org/practice-policy/nursing- excellence/official-position-statements/id/professional-role-competence/.
- ANA. (2015). Code of ethics for nurses with interpretive statements. Washington, DC: Author.
- ANA.(nd). Questions to ask in making the decision to accept a staffing assignment for nurses.

 Retrieved from https://www.nursingworld.org/practice-policy/workforce/questions-to-ask-in-making-the-decision-to-accept-a-staffing-assignment-for-nurses/.
- Nebraska Board of Nursing. (2018). *Safety to Practice: Fitness to Practice*. Advisory Opinion. Retrieved from http://dhhs.ne.gov/licensure/Documents/SafetyToPracticeFitnessTo Practice.pdf.